

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:53

# Crosswalk Report

Status : VA                      Substance Abuse and Mental Health Services Administration  
Media ID : MHAAS                      Office of Applied Studie  
Start Date : 01-JAN-02  
End Date :  
Follow-up :

Puerto Rico Treatment Episode Data Set  
Version : 1

K = Key Field			System		<u>Puerto Rico</u>	
Item		Item				
No.	Treatment Episode Data Set			Value	State System Data	
<hr/>						
1	System Transaction Type		1	System Transaction Type		
	A	Add		1	Add	
	C	Change		2	Change	
	D	Delete		3	Delete	
<hr/>						
K 2	State Code		PR	FIPS Code Added To Each Record		
<hr/>						
3	Reporting Date		3	Month and Year		
	m/y	mmyyyy		m/y	mmyyyy	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>K 1</b>	<b>Provider Identifier</b>	<b>4</b>	<b>Provider ID Number</b>	
<b>K 2</b>	<b>Client Identifier (Admission)</b>	<b>5</b>	<b>Client Id</b>	
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	<b>6</b>	<b>Co-Dependent/Collateral</b>	
	1 Yes		1 Yes	
	2 No		2 No	
<b>K 4</b>	<b>Client Transaction Type</b>	<b>7</b>	<b>Transaction Code</b>	
	A Initial Admission		1 Admission	
	A Initial Admission		2 Readmission	
	T Transfer/Change in Service		3 Transfer	
<b>K 5</b>	<b>Date of Admission</b>	<b>8</b>	<b>Admission Date</b>	
	m/d/ mmddyyyy y		m/d/y mmddyyyy	
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	<b>10</b>	<b>Number of Prior Treatment</b>	
	0 0		0 0	
	1 1		1 1	
	2 2		2 2	
	3 3		3 3	
	4 4		4 4	
	5 Or More		5 5 or More	
	7 Unknown		6 Unknown	
	8 Not Collected		7 Not Collected	

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Item	Item	Value	State System Data
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<b>7</b>	<b>Principal Source of Referral</b>	<b>11</b>	<b>Source of Referral</b>
01	Individual (includes self-referral))	1	Volunteers
06	Other Community Referral	10	Defense Attorneys
06	Other Community Referral	11	Government Agencies
06	Other Community Referral	12	Community
07	Court/Criminal Justice/DUI/DWI	13	Justice Department
97	Unknown	14	Unknown
98	Not Collected	15	Not Collected
02	Alcohol/Drug Abuse Provider	2	Mental Health and Anti Addiction Services
02	Alcohol/Drug Abuse Provider	3	Mobile Units - Unidades Moviles
03	Other Health Care Provider	4	Health Department
03	Other Health Care Provider	5	Rehabilitation Home
03	Other Health Care Provider	6	HMO
04	School (Educational)	7	Calidad de Vida
04	School (Educational)	8	Education Department
05	Employer/EAP	9	Outreachers
01	Individual (includes self-referral))		
<b>8</b>	<b>Date of Birth</b>	<b>12</b>	<b>Birthdate</b>
<b>9</b>	<b>Sex</b>	<b>13</b>	<b>Sex</b>
1	Male	1	Male
2	Female	2	Female
7	Unknown	3	Unknown
8	Not Collected	4	Not Collected

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**10 Race****14 Race**

01	Alaska Native (Aleut, Eskimo, Indian)	1	Alaskan Native
98	Not Collected	10	Not Collected
02	American Indian ( Other than Alaskan Native)	2	American Indian
13	Asian	3	Asian/Pacific Islander
04	Black or African American	4	Black or African American
05	White	5	White
20	Other	6	Other
21	Two or More Races	7	Two or More Races
23	Native Hawaiians or Other Pacific Islanders	8	Native Hawaiin
97	Unknown	9	Unknown

**11 Ethnicity****15 Ethnicity**

01	Puerto Rican	1	Puerto Rican
02	Mexican	2	Mexican
03	Cuban	3	Cuban
04	Other Specific Hispanic	4	Other Hispanic
05	Not of Hispanic Origin	5	Not of Hispanic Orgin
06	Hispanic - Specific Origin not Specified	6	Hispanic
97	Unknown	7	Unknown
98	Not Collected	8	Not Collected

**12 Education****16 Education**

00	Less Than One Grade Completed	1	Less than One Year Completed
01-25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	2-25	Highest Grade Completed
97	Unknown	26	Unknown
98	Not Collected	27	Not Collected

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**13 Employment Status****17 Employment Status**

01	Full Time	1	Employed Fulltime
02	Part Time	2	Employed Part Time
03	Unemployed	3	Unemployed
04	Not in Labor Force	4	Not In Labor Force
97	Unknown	5	Unknown
98	Not Collected	6	Not Collected

**14 Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)****18,22,26 Substance Problem (Primary, Secondary, Tertiary)**

01	None	1	None
10	Methamphetamine	10	Methamphetamines
11	Other Amphetamines	11	Other Amphetamines
12	Other Stimulants	12	Other Stimulants
13	Benzodiazepine	13	Benzodiazepine
14	Other Tranquilizers	14	Other Tranquilizers
15	Barbiturates	15	Barbituates
16	Other Sedatives or Hypnotics	16	Other Sedatives or Hypnotics
17	Inhalants	17	Inhalants
18	Over-the-Counter	18	Over the Counter
97	Unknown	18	Over the Counter
20	Other	19	Other
98	Not Collected	19	Other
02	Alcohol	2	Alcohol
03	Cocaine, Crack	3	Cocaine/Crack
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	4	Marijuana/Hashish
05	Heroin	5	Heroin, Speedball
06	Non-Prescription Methadone	6	Non-Prescription Methadone
07	Other Opiates and Synthetics	7	Other Opiates
08	PCP	8	PCP
09	Other Hallucinogens	9	Other Hallucinogins

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**15 Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C) 19,23,2 Route Of Administration 7**

01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection
20	Other	5	Other
97	Unknown	7	Unknown
98	Not Collected	8	Not Collected

**16 Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C) 20,24,2 Frequency of Use 8**

01	No past month use	1	Not Used in the Past Month
02	1-3 times in past month	2	1-3 Times in the Past Month
03	1-2 times per week	3	1-2 Times in the Past Week
04	3-6 times per week	4	3-6 Times in the Past Week
05	Daily	5	Daily
97	Unknown	7	Unknown
98	Not Collected	8	Not Collected

**17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) 21,25,2 Age of First Use 9**

00	Indicates a Newborn with a substance dependency problem	00	Newborn
00-95	Indicates The Age at First Use	01-95	Age of First Use
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

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Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>K 18</b>	<b>Type of Services</b>	<b>9</b>	<b>Services</b>	
01	Hospital Inpatient ( Detox, 24 hour Service)	1	Detoxification, 24- Hour Service	
08	Ambulatory Detoxification	10	Methadone	
08	Ambulatory Detoxification	11	Ambulatory Detoxification	
01	Hospital Inpatient ( Detox, 24 hour Service)	2	Drug Detoxification	
01	Hospital Inpatient ( Detox, 24 hour Service)	3	Alcohol Detoxification	
02	Free-standing Residential ( Detox, 24 hour Service)	4	Free-Standing Residential	
03	Hospital (other than detox)	5	Residential 24 Hours	
04	Short-term, ( 30 days or fewer)	6	Residential-Short Term	
05	Long-term, ( more than 30 days)	7	Residential-Long Term	
06	Intensive Outpatient	8	Ambulatory Intensive	
07	Non-Intensive Outpatient	9	Ambulatory Non Intensive	



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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	<b>Detail Drug Code, Primary</b>	31,32,33	Not Collected, In Progress	
2	<b>Detail Drug Code, Secondary</b>	31,32,33	Not Collected, In Progress	
3	<b>Detail Drug Code, Tertiary</b>	31,32,33	Not Collected, In Progress	
4	<b>DSM Diagnosis</b>	34	<b>DSM-IV Diagnosis</b>	
	###. DSM III-R Category		1 XXX.XX	
	##		2 999.97	
	999. Unknown		3 999.98	
	97			
	999. Not Collected			
	98			
5	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	35	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	
	1 Yes		1 Yes	
	2 No		2 No	
	7 Unknown		3 Unknown	
	8 Uncollected		4 Not Collected	
6	<b>Pregnant at Time of Admission</b>	36	<b>Pregnant at Time of Admission</b>	
	1 Yes		1 Yes	
	2 No		2 No	
	7 Unknown		4 Unknown	
	8 Not Collected		5 Not Collected	

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Veteran Status</b>	<b>37</b>	<b>Veteran</b>	
1	Yes	1	Yes	
2	No	2	No	
7	Unknown	3	Unknown	
8	Not Collected	4	Not Collected	
<b>8</b>	<b>Living Arrangements</b>	<b>38</b>	<b>Living Arrangements</b>	
01	Homeless	1	Homeless	
02	Dependent Living	2	Residentials Institutions	
02	Dependent Living	3	Orphanage	
02	Dependent Living	4	Correctional Institution	
02	Dependent Living	5	With Relatives	
03	Independent Living	6	Own House	
03	Independent Living	7	With Friends	
97	Unknown	8	Unknown	
98	Not Collected	9	Not Collected	
<b>9</b>	<b>Source of Income/Support</b>	<b>39</b>	<b>Source of Income</b>	
01	Wages/Salary	1	Wages/Salary	
21	None	10	None	
97	Unknown	11	Unknown	
98	Not Collected	12	Not Collected	
02	Public Assistance	2	Public Assistance	
02	Public Assistance	3	WIC	
03	Retirement/Pension	4	Retirement/Pension SSA	
03	Retirement/Pension	5	Veteran Administration	
04	Disability	6	Disability	
20	Other	7	Alimony/Child Support	
20	Other	8	Other	
20	Other	9	Relatives	
21	None			

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Health Insurance</b>	<b>40</b>	<b>Health Insurance</b>	
01	Private Insurance (other than BCBS or HMO)	1	Private	
02	Blue Cross/Blue Shield	2	Blue Cross/Blue Shield	
03	Medicare	3	Medicare	
04	Medicaid	4	Medicaid	
06	Health Maintenance Organization (HMO)	5	HMO	
20	Other (e.g. TriCare, Champus)	6	Other	
21	None	7	None	
97	Unknown	8	Unknown	
98	Not Collected	9	Not Collected	
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	<b>41</b>	<b>Source of Payment</b>	
01	Self-Pay	1	Self-Pay	
97	Unknown	10	Unknown	
98	Not Collected	11	Not Collected	
02	Blue Cross/Blue Shield	2	Blue Cross/Blue Shield	
03	Medicare	3	Medicare	
04	Medicaid	4	Medicaid	
05	Other Government Payments	5	Other Government Programs	
06	Worker's Compensation	6	Worker's Compensation	
07	Other Health Insurance Companies	7	Other Health Insurance Companies	
08	No Charge ( Free, Charity, Special Research or Teaching)	8	No Charge	
09	Other	9	Other	

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**Optional**

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<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>42</b>	<b>Not In Labor Force</b>
01	Homemaker	1	Homemaker
98	Not Collected	10	Not Collected
02	Student	2	Student
03	Retired	3	Retired
04	Disabled	4	Disabled
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)	5	Inmate
06	Other	7	Other
97	Unknown	7	Other
96	Not Applicable	8	Not Applicable

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13	Detailed Criminal Justice Referral Categories	43	Source of Referral - Legal
01	State/Federal Court	1	Law 30
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	10	Correctional Administration
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	11	Private Institutions
05	Diversionary Program (E.G. TASC)	12	Drug Court (247.1)
05	Diversionary Program (E.G. TASC)	13	Drug Court (404)
05	Diversionary Program (E.G. TASC)	14	TASC
05	Diversionary Program (E.G. TASC)	15	Juvenile TASC
06	Prison	16	Prison
07	DUI/DWI	17	DUI/DWI
08	Other	18	Defense Attorneys
08	Other	19	ASSMCA
01	State/Federal Court	2	Law 401
08	Other	20	Education Department
08	Other	21	Family Department
08	Other	23	Other Government Agencies
08	Other	24	Volunteers
96	Not Applicable	25	Not Applicable
97	Unknown	26	Unknown
98	Not Collected	27	Not Collected
01	State/Federal Court	3	Law 408
01	State/Federal Court	4	Law 54
01	State/Federal Court	5	Law 67
01	State/Federal Court	6	State/Federal Courts
02	Other Court ( Not State or Federal)	7	Other Courts
03	Probation/Parole	8	Probation
04	Other Recognized Legal Entity (	9	Juvenile Institutions

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<b>14</b>	<b>Marital Status</b>	<b>44</b>	<b>Marital Status</b>
01	Never Married	1	Single
02	Now Married or Cohabiting	2	Married
02	Now Married or Cohabiting	3	Consensual Union
04	Divorced	4	Separated
05	Widowed	5	Divorced
97	Unknown	6	Widowed
98	Not Collected	7	Unknown
03	Separated (legally or otherwise absent)		

  

<b>15</b>	<b>Days Waiting to Enter Treatment</b>	<b>45</b>	<b>Days Waiting to Enter Treatment</b>
000-996	Days	1	000-996
997	Unknown	2	Unknown
998	Not Collected	3	Not Collected

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**Discharge**

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
<b>109</b>	<b>Service at Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
01	Hospital Inpatient			
02	Free-Standing Residential			
03	Hospital (Other than Detox)			
04	Short-Term, <=30 days			
05	Long-Term, >30 days			
06	Intensive Outpatient			
07	Outpatient			
08	Detoxification			
97	Unknown			
<b>146</b>	<b>Date of Last Contact</b>	~	<b>Discharge Not Yet Collected</b>	
<b>147</b>	<b>Date of Discharge</b>	~	<b>Discharge Not Yet Collected</b>	

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**Discharge**

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149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Yet Collected
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		



Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report